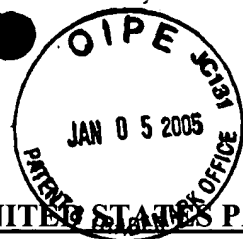


S/N 10/509,292



DT02 Rec'd PCT/PTO

0 5 JAN 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Drivas, D.)	Examiner:
)	
Serial No.:	10/509,292)	Group Art Unit:
)	
Filed:	September 23, 2004)	Attorney Docket: MP-01
)	
Title:	Methods and Compositions for)	
	Treating and Preventing Eotaxin)	
	Mediated Inflammatory Conditions)	

FIRST SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

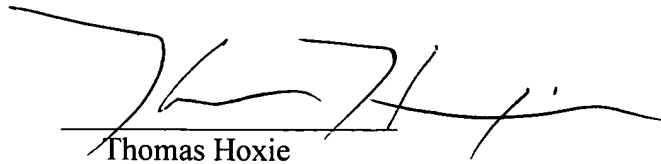
In accordance with 37 C.F.R. §§ 1.97 *et. seq.*, Applicant provides the enclosed materials for the Examiner's consideration in connection with the above-identified patent application. Applicant respectfully requests that this First Supplemental Information Disclosure Statement and the document listed on the attached Form 1449 and enclosed herewith be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicant requests that a copy of the 1449 form, initialed as being considered by the Examiner, be returned to the Applicant with the next official communication.

Pursuant to 37 C.F.R. §1.97(b), it is believed that no Office Action has been sent in this case, therefore no fee or statement is required with this First Supplemental Information Disclosure Statement.

The Examiner is invited to contact the Applicant's representative at the below-listed telephone number if there are any questions.

Respectfully submitted,

Date: January 3, 2005



Thomas Hoxie
Reg. No. 32,993

Thomas Hoxie
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973-467-2126
973-467-2128 (fax)

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 3rd day of January, 2005.

Thomas Hoxie
Name



Signature

Substitute for form 1449A/PTO

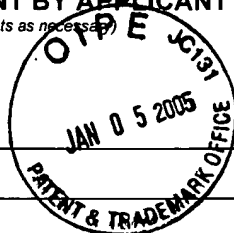
**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Application Number	10/509,292
Filing Date	September 23, 2004
First Named Inventor	Dimitrios T. Drivas
Group Art Unit	
Examiner Name	
Attorney Docket No: MP-01	

Sheet 1 of 1

**US PATENT DOCUMENTS**

Examiner Initial *	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
	WO 2004/096849 A2	11-11-2004	University of Manitoba and Manitoba Institute of Child Health		

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

EXAMINER**DATE CONSIDERED**

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional) ² Applicant is to place a check mark here if English language Translation is attached